

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **ABSORBENT GARMENT HAVING A WAIST BELT ATTACHMENT SYSTEM**, the specification of which

(check one) ☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_.  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. 119	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

\_\_\_\_\_  
Application Serial No.      Filing Date      Status

\_\_\_\_\_  
Application Serial No.      Filing Date      Status

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith as well as to file equivalent patent applications in countries foreign to the United States including the filing of international patent applications in accordance with the Patent Cooperation Treaty: Audley A. Ciamporzero, Jr. (Reg. #26,051), Steven P. Berman (Reg. #24,772), Andrea L. Colby (Reg. #30,194), Michael Stark (Reg. #32,495), and Joel A. Rothfus (Reg. #33,277) One Johnson & Johnson Plaza, New Brunswick, NJ 08933.

Address all telephone calls to Joel A. Rothfus at telephone no.  
(732) 524-2722.

Address all correspondence to Audley A. Ciamporzero, Jr., One  
Johnson & Johnson Plaza, New Brunswick, NJ 08933-7003.

I hereby declare that all statements made herein of my own  
knowledge are true and that all statements made on information  
and belief are believed to be true; and further that these  
statements were made with the knowledge that willful false  
statements and the like so made are punishable by fine or  
imprisonment, or both, under Section 1001 of Title 18 of the  
United States Code and that such willful false statements may  
jeopardize the validity of the application or any patent issued  
thereon.

Inventor's Signature: \_\_\_\_\_

Full Name of Sole  
or First Inventor

NELS LAURITZEN

Date: \_\_\_\_\_

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Post Office Address: Same as above

Inventor's Signature: \_\_\_\_\_

Full Name of Second Joint  
Inventor, If Any

Date: \_\_\_\_\_

Citizenship:

Residence:

Post Office Address:

Inventor's Signature: \_\_\_\_\_

Full Name of Third Joint  
Inventor, If Any

Date: \_\_\_\_\_

Citizenship:

Residence:

Post Office Address:

(Supply similar information and signature for fourth and  
subsequent joint inventors.)